

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 297

Registrar's No. 297

FEB 25 1941

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH: 791

- (a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MO. BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME WILLIAM WEST BROOK3. (b) If veteran, name war Unknown 3. (c) Social Security No. 492-03-95034. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive unk. years7. Birth date of deceased Jan 27 1879
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
62 11 13 hr. min.9. Birthplace Des Arc, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Unknown

11. Industry or business _____

12. Name William Westbrook13. Birthplace Mo.
(City, town, or county) (State or foreign country)14. Maiden name Olivia Lee15. Birthplace Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Mary L. Westbrook(b) Address Reagan Bluff, Mo.17. (a) Removal (b) Date thereof 1/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Flat River, Mo.18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Ave. S.E.19. (a) JAN 27 1941 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jefferson 12
(c) City or town Reagan Bluff, N.R. 7
(If outside city or town limits, write "RURAL") 3
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1941 hour 5 minute 10 P. M.21. I hereby certify that I attended the deceased from Dec 30/40
_____ 19____ to Jan 10 1941;
that I last saw him alive on Jan 10 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma Left Kidney Duration 2 yrs +

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy Carcinoma of Left Kidney

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(r) Means of injury _____23. Signature Joseph E. Glenn, M.D. (M. D. or other)Address 1955 Acadia Rd. Date signed 1/11/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. Ford G. Burnley
Licensed Embalmer No. 4202

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 297 7

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 297

1. PLACE OF DEATH:

County St Louis
City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

3. (a) PRINT
FULL NAME

Wm West Brook

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex m

5. Color or
race w

6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

61

11

13

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town Peplars Bluffs
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work?

(e) Means of injury

23. Signature Joseph E. Blum (M. D. or other)

Address 151 Breckinridge Date signed

SUPPLEMENTARY

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.